

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4846**  
**339**

2068-55

BIRTH NO. **727** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **339**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>3 days</b>	c. CITY OR TOWN <b>Prairie Village</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKES HOSP.</b>		f. STREET ADDRESS (If rural, give location) <b>3003 W. 72nd TERR. 81508</b>	

3. NAME OF DECEASED (Type or Print) <b>BABY THERESA CHARLES MARY HEINZ</b>	a. (First) b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 25 55</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>
8. DATE OF BIRTH <b>1-21-55</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>3</b> IF UNDER 1 YEAR Days <b>3</b> IF UNDER 1 YEAR Hours <b>3</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>infant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>LAWRENCE H. HEINZ</b>	13b. MOTHER'S MAIDEN NAME <b>PATRICIA A. BENM</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John H. Mayer Jr</b>	ADDRESS <b>KC Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tracheo-esophageal fistula</b>		INTERVAL BETWEEN ONSET AND DEATH <b>72 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>atelectasis of right lung</b>		<b>72 hrs</b>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>750</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Tracheo-esophageal fistula + atelectasis Right lung</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-23, 1955**, to **1-25, 1955**, that I last saw the deceased alive on **1-25, 1955**, and that death occurred at **1:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John H. Mayer Jr.</b> (Degree or title)	23b. ADDRESS <b>618 Prof Bldg KC Mo</b>	23c. DATE SIGNED <b>1-25-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	24b. DATE <b>1-25-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Overland Park, Kansas</b>
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hoge Funeral Home, Overland Park, Kansas</b>	

DATE REC'D BY LOCAL REG. <b>1-25-55</b>	REGISTRAR'S SIGNATURE <b>Neena Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hoge Funeral Home, Overland Park, Kansas</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John R. Sidman*.....  
Licensed Embalmer No. *45*  
P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.